



Title: **MEPRS Panel: Internal Management Controls**

Session: **T-4-1530**



Objectives

- Define Internal Management Controls (IMC)
- Illustrate how Internal Management Controls are implemented through inputs, processes, and outputs for each of the services and TMA
- Describe how Internal Management Controls elevate the Data Quality standard

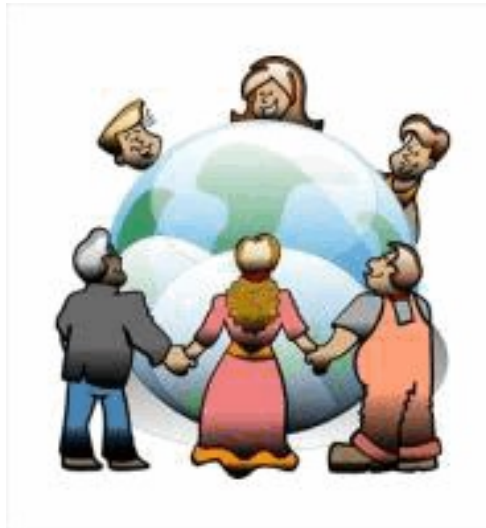


Overview

- Definition, objectives, and authority for Internal Management Controls
- Inputs, Processes, and Outputs
 - Army
 - Air Force
 - Navy
 - TMA
- Audience participation

Definition of Internal Control

- The integration of activities, plans, attitudes, policies, systems, resources and efforts of the people of an organization working together to provide reasonable assurance that the organization will achieve its objectives and mission





Objectives of Internal Control

- Effectiveness and efficiency of operations
- Reliability of financial reporting
- Compliance with applicable laws and regulations



Authority for Internal Control

Federal Managers' Financial Integrity Act of 1982

- Purpose is to establish a framework for ongoing evaluations of agency systems for internal accounting and administrative control
- Requires agencies to establish internal accounting and administrative controls in compliance with standards established by the Comptroller General. It also requires OMB to establish guidelines that the agencies shall follow in evaluating their systems of internal accounting and administrative control





Authority for Internal Control

OMB Circular A-123

- Defines management responsibility for internal control
- Intended to strengthen requirements for conducting management assessment of internal controls over financial reporting
- Emphasizes the need to integrate and coordinate internal control assessments



Basic Components of Internal Control

- Control environment
- Communication
- Assessing and managing risk
- Control activities
- Monitoring





Purpose of IMC

- Promotes orderly, economical, efficient, and effective operations
- Produces quality products
- Promotes adherence to management directives
- Develops and maintains reliable financial and management data





MEPRS and IMCs

- MEPRS/EAS Policy for Implementation of Data Validation and Reconciliation
- MEPRS Management Improvement Group (MMIG) developed data validation and reconciliation processes
 - Reconciliation procedures templates and workbooks





Army MEPRS Program Office (AMPO)

Internal Management Controls

- OAP/OIP
- Financial Reconciliation
- DQ Summary Reports
- DMHRSi



**Presented by:
Army MEPRS Program
Office(AMPO)**



Army MEPRS Program Office (AMPO)

Operational Assessment Program of Internal Processes

- File and Table Maintenance
- Reconciliation Procedures
- MEPRS System
- MEPRS Staff and DQ
- MEPRS Processing
- Findings and Observations



Microsoft Excel
Worksheet



Army MEPRS Program Office (AMPO)

Financial Reconciliation

- The purpose of the financial reconciliation is to ensure that the financial expense and obligation data reported by MTFs in MEPRS is consistent and reconciled with financial expense and obligation data reported STANFINS GFEBS monthly
- There are four EASi Reports required for a financial reconciliation: Financial Pure, Personnel Pure, Personnel Accepted Report, and Direct Expense Accepted Report
- Financial Reconciliation has to be completed prior to monthly transmission
- AMPO Financial Reconciliation Helpful Hints



Microsoft Office
Excel Worksheet



Army MEPRS Program Office (AMPO)

Data Quality Reports

- DQ Summary Reports
 - Execute approximately 50 queries against transmitted data
 - Data Set Reporting
 - Adherence to MTF Data Set Guidelines and Business Rules
 - Unallocated Expenses
 - Mismatched Personnel Records
 - Work Centers Not Reporting Workload
- AMPO Discrepancy Reports
 - Ambulatory Workload with Zero/Negative Expense
 - Inpatient Workload with Zero/Negative Expense
 - Zero Ambulatory Workload with Expense
 - Zero Inpatient Workload with Expense



Microsoft Office
1979 - 2003 Docur



Army MEPRS Program Office (AMPO)

DMHRS*i*



- DMHRS*i* Timecard Compliance Metric
 - Pulled the 16th day after the pay period
- Inpatient Nursing Staff
 - Developed a specific Nursing template
 - Data is being used to identify their manpower requirements
- Nursing Tracking absentee rates for civilian and military
- WRMC Rapid Experiment
 - Standardized PM DMHRS*i* Timesheet
 - Administrative Governance Metric
- DENCOM imports personnel data from DMHRS*i* into their CDA System



Army MEPRS Program Office (AMPO)

Models/Metrics

- Practice Management Revenue Model (PMRM)
- Enrollment Capacity Model (ECM)
- Performance Based Adjustment Model (PBAM)



Army MEPRS Program Office (AMPO)

Practice Management Revenue Model (PMRM)

- Provider Utilization and Productivity
 - Focuses on who the provider is – and where the care is rendered (Service Occupation Code and MHS Product Line)
 - Provides a financial perspective to workload productivity (Financially should cover cost of salary and support team because of total enhanced RVU)
 - Contains Tri-Service data
 - Monetary Cost of Non-Practice Time
- Uses MEPRS Labor Data (ST 1 and 2)
 - Matched to SADR and SIDR
 - Maps the various provider specialty codes to specific AOC groups



Army MEPRS Program Office (AMPO)

Enrollment Capacity Model (ECM)

- Answers the question “What MTF enrollment levels are attainable given current primary care resources (available FTEs), enrollee primary care utilization and expected productivity?”
 - Focuses on the MHS Primary Care Product Line (BAA, BDA, BHA, BGA, BJA)
 - Excludes MEPRS EBE, EBA, EBC labor
 - Used to determine MTF Primary Care Manpower Requirements
- Uses MEPRS Labor Data (ST 1 and 2)
 - Matched to SADR and SIDR for MHS Primary Care Product Line
 - Excludes Interns and Residents FTEs



Army MEPRS Program Office (AMPO)

Performance Based Adjustment Model (PBAM)

- Links budget to outputs and outcomes
- Promotes efficiency and data quality
 - Bonuses and penalties based on how resources and information are managed
- Data Sources
 - EAS (FTEs & Provider availability data)
 - M2 (Workload: RVUs, RWPs, and Mental Health Bed days)
- Reports
 - Capacity
 - Quality
 - Administrative
- Two Summary Reports
 - Financial
 - Workload



Air Force MEPRS Program Office

Internal Management Controls

- MEPRS Users Guide (MUG)
- Personnel
 - DMHRS*i*
 - MEPRS Dashboard/MEWACS
 - End of Month Processing Guide
- Financial
 - Financial Reconciliation
 - MEPRS Dashboard/MEWACS



Presented by:
**Air Force MEPRS Program
Office**



Air Force MEPRS Program Office

Internal Management Controls (Cont'd)

- Workload
 - MEPRS Dashboard MEWACS
- More evaluations performed during HSI inspections
 - 2011 Self-Inspection Checklist
 - Formalized in AF Instruction (AFI 41-102)





Navy Medicine

Internal Management Controls

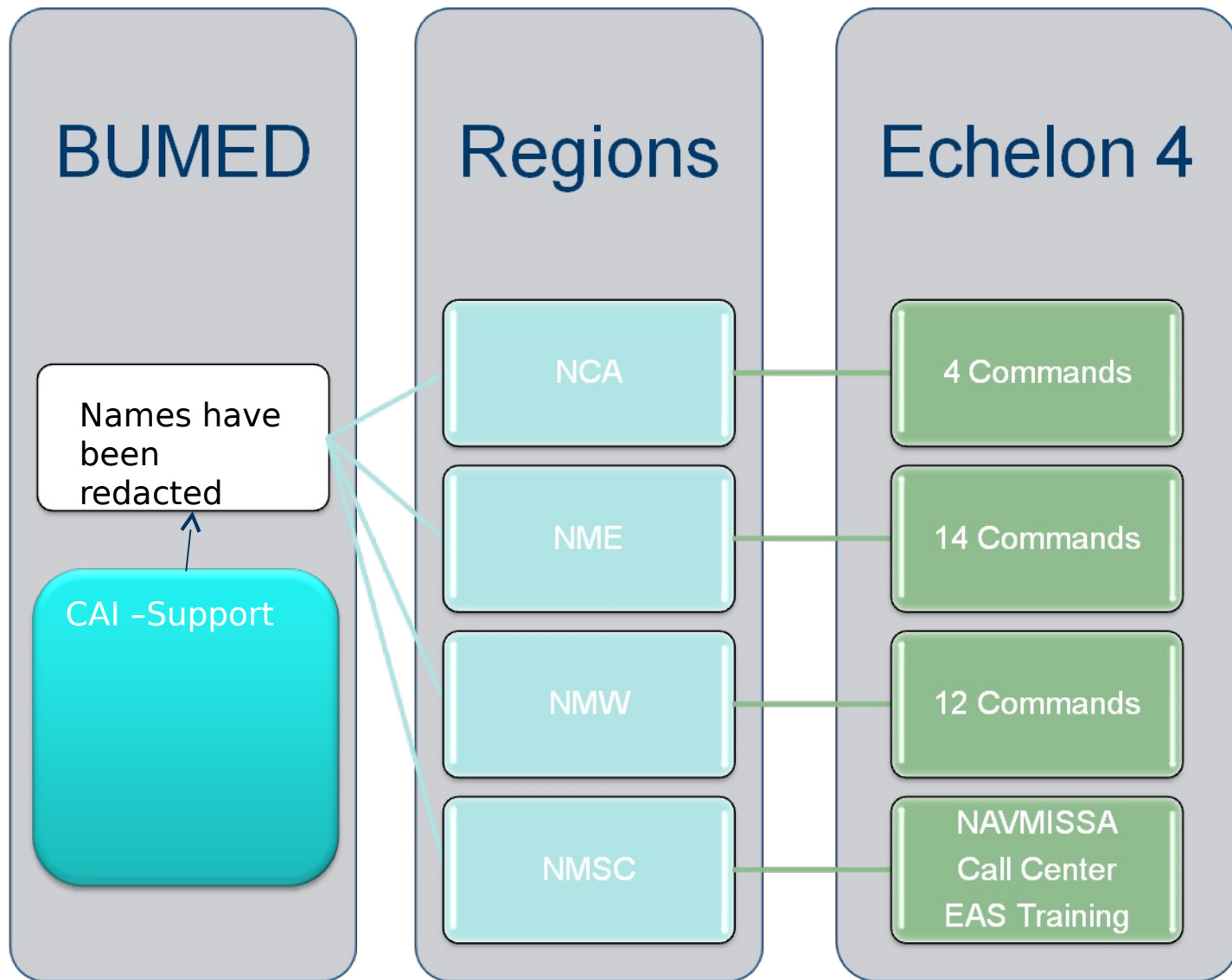


NAVY MEDICINE
World Class Care...Anytime, Anywhere

**Presented by:
Bureau of Medicine and
Surgery**



Navy MEPRS Organizationally



FOR OFFICIAL USE ONLY



- Meet the Dead----Line
- On time and right the first time
- Medical Home Port Implementation
 - 4th Level Defines Workcenters - MHP Teams
 - Outpatient Cost Pool MHP Only!

- Input
 - Source Table Validation
- Output
 - MEWACS – CCR
 - Navy Medicine EAS Data

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NAVY EAS Data Quality Checks

- In conjunction with MEWACS and CCR
- Proper Use of 3rd Level “Z” codes
- Expenses reported w/o Workload
- Workload w/o Direct Expenses and/or Negative Expenses
- Workload w/o FTEs
- Civilian Labor (SEEC 11.10): Expense and Obligation Reconciliation
- Unallocated expenses
 - Cost Pool Breakdown
- Cost Per Disposition & Visit
- Available to Assigned FTE Ratio



Navy MEPRS Program

- On the Horizon
 - ROLE-BASED TRAINING
 - Collaboration effort with SMEs
 - CRAZY EIGHT Analysis
 - Streamlining of 4th level MEPRS code at core and branch clinic level



TMA MEPRS Program Office

Purpose of MEPRS data at the TMA level is to provide uniform reporting by Functional Cost Code (FCC) of expense, manpower, & workload for DoD Medical Treatment Facilities (MTF) providing management a basic framework for cost and work center accounting



**Presented by:
TMA MEPRS Program
Office**

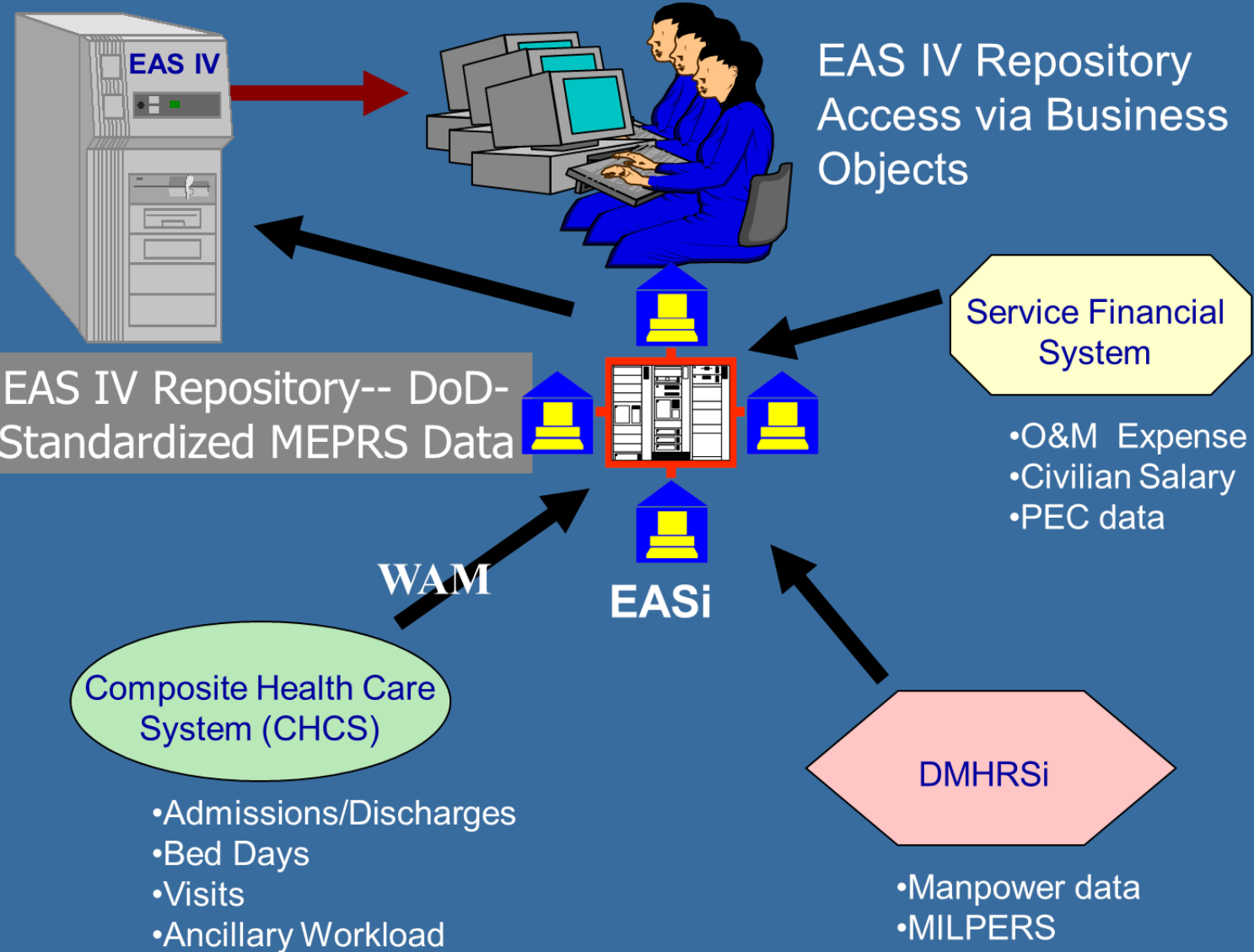


TMA MEPRS Program Office

MEPRS Data:
DoD-Standardized,
Aggregated by FCC

- ◆ Service specific Financial Data
 - **Army: STANFINS/GFEBS**
(Standard Army Finance System/General Fund Enterprise Business System)
 - **Navy: STARS-FL**
(Standard Accounting and Reporting System - Fleet Level)
 - **Air Force: GAARS**
(General Accounting Finance System Rehost)
- ◆ **Personnel**
 - **DMHRSi**
(Defense Medical Human Resource System - Internet)
- ◆ **Workload**
 - **CHCS / WAM**
(Composite Health Care System / Workload Assignment Module)

TMA MEPRS Program Office





TMA MEPRS Program Office

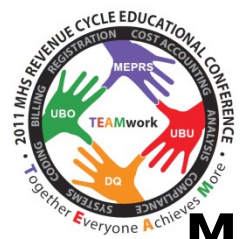
Data Quality Statement Metrics

November 2010 (September FY2010 Data Month) Data Quality Statement - TMA Summary

NOTE: Service summaries are calculated as a numerical average of the MTF input

Color Code: Green (95-100), Yellow (80-94), Red (79 and below); except 8e & 9 Green (80 and above), Red (79 and below)

Reporting Month	Month #1 - Percent Compliant			
	Dec-09	Dec-09	Dec-09	Dec-09
Data Month	Oct-09	Oct-09	Oct-09	Oct-09
Service Name	Army	Navy	Air Force	Svc Avg
QUESTION KEY:				
1. In the reporting month:				
a. What percentage of appointments were closed in meeting your "End of Day" processing requirements, "Every appointment - Every day?"	100%	99%	99%	100%
2. IAW legal and medical coding practices have all the following occurred:				
a. % of Outpatient Encounters (non-APV) coded within 3 business days of encounter.	93%	92%	93%	92%
b. % of APVs coded within 15 calendar days of encounter.	96%	92%	85%	91%
c. % of Inpatient records coded within 30 calendar days after discharge.	44%	60%	64%	56%
3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation DoD 6010.13-M":				
a. Monthly EAS/MEPRS financial reconciliation process was completed, validated, & approved prior to monthly transmission.	89%	100%	41%	77%
b. Were the data load status, outlier/variance, WWR-EAS IV, & Alloc. Tabs in MEWACS reviewed and anomaly explanations given?	91%	100%	100%	97%
c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSi, What is the Percentage of Submitted Timecards by the Suspense Date?	90%	97%	86%	91%
d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSi, What is the Percentage of Approved Timecards by the Suspense Date?	90%	97%	84%	91%



TMA MEPRS Program Office

MEPRS Early Warning and Control System (MEWACS)

An interactive data quality feedback tool developed by the MEPRS Management Improvement Group (MMIG) to proactively identify, investigate, and resolve MEPRS data anomalies in a timely, systematic manner. Updated monthly, MEWACS contains numerous Tri-Service MTF activity level metrics, including:

- EAS IV Repository data load status and compliance with 45-day reporting suspense
- MTF-specific summary data outliers
- Interactive MTF MEPRS Data Profiles
- Ancillary and Su

MEWACS
MEPRS Early Warning and Control System

Data extracted April 20, 2010

METRIC:

Parameters: Service:

View Load Dates:

Show:

Region/MAJCOM:

Parent DMIS ID:

☐ Export to Excel


Data Load Status

		Percent of 2010 MEPRS Data Reported(Completion):		
		Current Fiscal Month Compliance with 45-day Reporting Requirement(Compliance):		
		YTD Compliance with 45-day Reporting Requirement:		
		Percent of MTFs with 3 or more late MEPRS data submissions:		
		82.7%		
		67.1%		
		46.4%		
		45.0%		

ID	Name	Service	01	02	03
0001	FOX AHC - REDSTONE ARSENAL	A	01/05/2010	01/13/2010	02/05/2010
0003	LYSER AHC-FT. RUCKER	A	03/16/2010	03/17/2010	03/19/2010
0004	42ND MEDICAL GROUP - MAXWELL	F	03/25/2010	03/25/2010	03/31/2010
0005	BASSETT AHC-FT. WAINWRIGHT	A	12/10/2009	03/05/2010	04/08/2010
0006	3rd MED GRP-ELMENDORF	F	04/01/2010	04/01/2010	04/01/2010
0008	R W BLISS AHC - FT. HUACHUCA	A	12/30/2009	01/12/2010	02/10/2010
0009	56th MED GRP-LIKE	F	03/01/2010	03/15/2010	03/22/2010
0010	355th MED GRP-DAVIS MONTHAN	F	01/28/2010	03/02/2010	03/02/2010
0013	19th MEDICAL GROUP-LITTLE ROCK	F	04/15/2010	02/23/2010	02/24/2010
0014	60th MED GRP-TRAVIS	F			
0015	9th MED GRP-BEALE	F	02/03/2010	02/05/2010	04/19/2010
0018	30th MED GRP-VANDENBERG	F	04/02/2010	04/06/2010	04/09/2010
0019	95th MED GRP-EDWARDS	F	04/09/2010	04/12/2010	
0024	NH CAMP PENDLETON	N	01/22/2010	02/12/2010	02/18/2010
0028	NH LEMOORE	N	02/16/2010	02/16/2010	02/17/2010
0029	NMC SAN DIEGO	N	03/19/2010	04/08/2010	04/09/2010
0030	NH TWENTYNINE PALMS	N	01/26/2010	01/29/2010	02/11/2010
0032	EVANS AHC-FT. CARSON	A	02/18/2010	02/18/2010	02/19/2010



TMA MEPRS Program Office

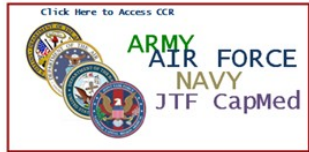


FY10 Consolidated Cost Report (CCR)

http://www.MEPRS.gov

An interactive Service-specific monthly MEPRS data snapshot by Military Treatment Facility, Fiscal Month, and 4th-Level Functional Cost Code incorporating automated variance detection to facilitate quality evaluation, expense and workload validation, and monthly local MEPRS data management.

[Click Here to Access CCR](#)



Executive Summary

Data Sources

Notes and Documentation

Ex Res

FY10 MEPRS Consolidated Cost and Workload Report: Army

Select Fiscal Month Below: [Fiscal Month: September] | Select Fiscal Month Below: [Fiscal Month: September] | Select Inpatient/Outpatient Below: [MEPRS - Inpatient]

Key: +/- 3 Std. Deviations from FY09 baseline monthly average

4th Level Functional Cost Code	4th Level Functional Cost Code Description	DISP	ORD	TOV	Partial Direct Expense	Total Indirect Expenses (E & D)	EA	EP	OTHER (B)	ED	EE	ET
							DEPARTMENTAL	COMMERCIAL	COMMERCIAL	SUPPORT SERVICES	INCENTIVE SERVICES	OTHER (A)
0000	INTERNAL MEDICINE CLINIC	0	0	889	\$62,106	\$136,842	\$936	\$2,459	\$26,117	\$4,059	\$493	\$1,078
0001	ALLERGY CLINIC	0	0	204	\$9,272	\$7,364	\$192	\$156	\$342	\$0	\$0	\$0
0002	OUTPATIENT NUTRITION CLINIC	0	0	138	\$1,716	\$6,116	\$130	\$95	\$1,109	\$0	\$0	\$0
0003	DERMATOLOGY CLINIC	0	0	305	\$33,760	\$43,771	\$343	\$434	\$11,004	\$4,055	\$46	\$1,107
0004	GENERAL SURGERY CLINIC	0	0	29	\$2,747	\$114,408	\$25	\$97	\$1,035	\$0	\$0	\$0
0005	GENERAL SURGERY CLINIC	0	0	170	\$29,095	\$39,999	\$160	\$723	\$19,493	\$4,026	\$11	\$779
0006	OPHTHALMOLOGY CLINIC	0	0	2	\$39	\$4,571	\$0	\$79	\$15	\$0	\$0	\$0
0007	OPHTHALMOLOGY CLINIC	0	0	213	\$19,899	\$55,025	\$200	\$714	\$18,564	\$2,573	\$2,843	\$679
0008	OTOLARYNGOLOGY CLINIC	0	0	28	\$5,379	\$95,521	\$26	\$29	\$4,459	\$210	\$59	\$0
0009	OTOLARYNGOLOGY CLINIC	0	0	249	\$24,447	\$23,229	\$234	\$29	\$5,809	\$1,839	\$219	\$49
0010	OTOLARYNGOLOGY CLINIC	0	0	4	\$79	\$25,521	\$4	\$19	\$192	\$1	\$0	\$0
0011	OTOLARYNGOLOGY CLINIC	0	0	2,205	\$279,462	\$251,307	\$1,071	\$1,574	\$62,504	\$4,763	\$204	\$1,147
0012	OBSTETRICS/GYNECOLOGY OUTPATIENT CARE	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0013	OBSTETRICS CLINIC	0	0	1,281	\$111,037	\$110,839	\$1,203	\$29	\$27,814	\$5,891	\$598	\$1,551
0014	OBSTETRICS CLINIC	0	0	29	\$3,945	\$123,620	\$27	\$0	\$1,256	\$10	\$0	\$0
0015	OBSTETRICS CLINIC	0	0	400	\$36,661	\$77,869	\$463	\$276	\$25,345	\$7,882	\$11	\$2,154
0016	ORTHOPEDIC CLINIC	0	0	243	\$12,134	\$13,304	\$239	\$0	\$5,955	\$1,075	\$69	\$951
0017	ORTHOPEDIC CLINIC	0	0	1	\$34	\$3,098	\$1	\$0	\$34	\$0	\$0	\$0
0018	PODIATRY CLINIC	0	0	138	\$17,262	\$10,254	\$139	\$29	\$4,899	\$306	\$5	\$75
0019	PODIATRY CLINIC	0	0	549	\$29,779	\$124,402	\$516	\$56	\$25,725	\$1,505	\$2	\$275
0020	PSYCHIATRY CLINIC	0	0	467	\$4,162	\$74,033	\$429	\$0	\$65,261	\$1,185	\$3	\$275
0021	PSYCHIATRY CLINIC	0	0	1,100	\$152,743	\$103,939	\$1,033	\$0	\$103,441	\$5,501	\$791	\$1,626
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0075	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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0078	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0079	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0080	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0081	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0082	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0083	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0084	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0085	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0086	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0087	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0088	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0089	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0090	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0091	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0092	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0093	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0094	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0095	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0096	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0097	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0098	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0099	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0100	PSYCHIATRY CLINIC	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FY10 MEPRS Consolidated Cost and Workload Report: JTF CapMed

Key: Over 15% of CCR cost and workload flagged Over 25% of CCR cost and workload flagged

Version: Prototype V7 May 2010

Note: This Executive Summary report offers the percent off flag by MTF. It should be

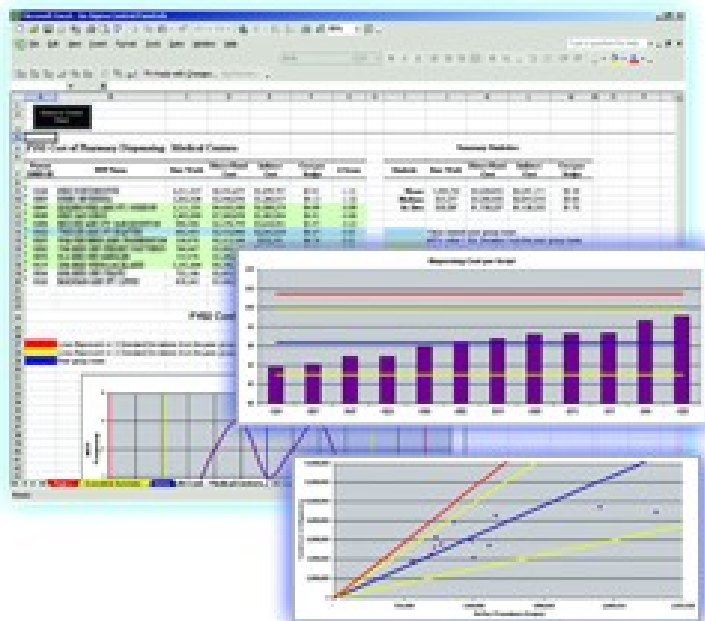


TMA MEPRS Program Office

Six Sigma MEPRS Management Metrics (S2M3)

Six Sigma is a highly disciplined process focusing on development and delivery of near-perfect products and services. Applying Six Sigma principles in the MHS can lead to continued improvements in data quality and financial management. As a benchmarking tool, Six Sigma metrics can be used to map MTF performance against a group of cohorts or peers—quantifying opportunities for improvement.

These metrics offer a snapshot of the Direct Care operation at MTFs, including staffing, financial, and workload. By arraying the data in peer groups, MTFs can see their rank in the cohort relative to similar facilities.





TMA MEPRS Program Office

MEPRS Data Applications

MEPRS data are routinely used by TMA, Services and MTFs for policy and management decisions

Typical MHS-level applications include:

- MHS Efficiency & Valuation metrics
- Medicare Eligible Retirees Healthcare Fund (previously TRICARE for Life (TFL) Accrual Fund)
- Inpatient Third Party Collection Rates (Adjusted Standardized Amounts)
- BRAC, Realignment, and Optimization Studies
- Congressional Inquiries



Summary

- Internal Management Controls are implemented at all levels of the MHS
- At each stage of inputs, processes, and outputs there are policies and programs in place to promote data quality
- MEPRS data are used internally at the MHS as well as externally for decision making and problem solving



Q&A

Questions?